



Spire Healthcare

STRICTLY PRIVATE AND CONFIDENTIAL

Patient No.

Booking Form

Episode No.

Title		Patient name				
Address			Date of birth		Age	
			Tel No. day			
Town			Tel No. night			
County			Sex			
Postcode						

Details for this admission

Date				Time	Hours	Minutes	24 hour clock	Expected length of stay	Nights	Hours	Day-case	Yes	No
Specialist(s)					GP name & address								

Reason for admission	Routine	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	ICD	Severity class
Presenting or provisional diagnosis						

Proposed procedure(s)

	OPCS Codes

Date				Time	Hours	Minutes	24 hour clock	Estimated theatre time	Hours	Minutes	ITU	Yes	No	HDU	Yes	No
Anaesthetic	GA	<input type="checkbox"/>	LA	<input type="checkbox"/>	Other		Starve from	Date			Time food			Patient informed?	Yes	No
Image Intensifier Required	Yes		No				Time fluids									

Accommodation type	Single room	<input type="checkbox"/>	Parent and child	<input type="checkbox"/>	Day care	<input type="checkbox"/>	OPD / ambulatory care	<input type="checkbox"/>
ITU	<input type="checkbox"/>	HDU	<input type="checkbox"/>	Room number		Ward		

Pre-admission tests etc.

Pre-admission questionnaire received ☐

Date	Procedure / Test	Booked (Yes / No)	Time	Signature

Completed by: \_\_\_\_\_ Date booking taken: \_\_\_\_\_

Please complete financial and patient details overleaf.